Student Assistant Services
Fidelity Instrument

I = Ideal
A = Acceptable
U = Unacceptable

PROGRAM PHILOSOPHY AND OVERVIEW

1.   Program Partnership
    I   Both prevention program staff and residential facility staff have equal role in implementing the ATOD prevention program.
    U   Program is not conceived and implemented as a true partnership between prevention and residential facility staff.

2.   SAS Task Forces
    I   SAS has two task forces: A Residential Facility Task Force or Staff Task Force and A Resident or Adolescent/Student Task Force
    U   SAS does not have these two unique task forces

3.   Residential Facility Task Force
    I   In order to empower residential facility staff to establish ownership of AOD prevention policies and activities, a residential facility task force was established to monitor and refine the implementation and enforcement of the residential facility's policy on substance use.
    U   A residential facility task force is not established to guide the facilities AOD prevention policies

4.   Staff Residential Facility Task Force—Charge
    I   Staff Residential Facility Task Force seeks to identify training needs and convey staff concerns regarding resident and staff substance abuse to the executive director.
    U   Charge does not focus on BOTH resident and staff AOD needs.

5.   Residential Facility Task Force—Staff Composition
    I   SAP Liaison and SAC invite representatives from each discipline and staff level to be part of the task force.
    A   SAP Liaison identifies representatives from various staff departments and levels to participate with the residential facility task force.
    U   There is no operational residential facility task force or it is not comprised of a representative sample to facility staff

6.   Staff Task Force—Schedule
    I   Task Force meets weekly for 45-to-60 minutes.
    A   Task Force meets bi-weekly for 45-to-60 minutes.
    U   Task Force meets less than bi-weekly for 45-to-60 minutes.

7.   Staff Task Force—Leadership
   I   SAC chairs the residential facility task force.
   A   SAP Liaison chairs the residential facility task force.
   U   Residential facility task force is chaired by someone other than the SAC or SAP liaison.

8.   Resident Task Force
   I   In order to empower residents to change the culture and norms of the facility to value being drug free and lessen the stigma of interaction with the student assistance counselor, an adolescent task force is established to input on the implementation and enforcement of the residential facility's policy on substance use.
   U   A resident task force is not established to guide the facility's AOD prevention policies

9.   Resident Task Force—Charge
   I   Resident Task Force functions to advise the staff and provide resident input about drug and alcohol policies for residents at the facility.
   U   Resident task force does not serve in the advisory capacity.

10. Resident Task Force—Staff Composition
   I   The resident task force is chaired by either the SAC or the SAP Liaison.
   A   The resident task force is chaired by a resident, but the SAC or the SAP Liaison participate in each meeting.
   U   Staff are not involved in any role in the resident task force meetings. Residents provide staff (eg, SAC or SAP Liaison) with summary information following each meeting.

11. Resident Task Force—Resident Composition
   I   Residents selected by the SAC and residential facility staff.
   A   Residents nominated by their peers, but approved by SAC and/or residential facility staff.
   U   Residents identified by residential facility staff without much input from the SAC.

12. Resident Task Force—Schedule
   I   Resident Task Force meets weekly for 30-to-45 minutes.
   A   Resident Task Force meets bi-weekly for 30-to-45 minutes.
   U   Resident Task Force meets less than bi-weekly.

13. Resident Task Force—Leadership

14. Resident Task Force—Media Campaign
   I   The resident task force took on the task of conducting a facility-wide media campaign about the project and about the consequences of drug use (eg, radio station hoops game).

> A   Media campaign implemented by SAC and staff, but resident task force has input.
> U   Resident task force does not undertake facility-wide media campaign targeting AOD use.

ORGANIZATIONAL RELATIONSHIP

Executive Director of Residential Facility agrees to each of the following, fundamental conditions of participation:

1. Facility
    > I   Residential program agrees to provide an office and office equipment/furniture for the Student Assistance Counselor.
    > U   Residential program does not agree to provide an office and office/equipment for the Student Assistance Counselor.

2. Residential Facility Staff Training
    > I   Residential program director must allow meetings and training for all levels of residential facility staff on the role of the student assistant counselor and the SAP procedures as well as how to make a referral.
    > U   Residential program director does not allow SAP to train all levels of residential facility staff on the role of the student assistant counselor and the SAP procedures as well as how to make a referral.

3. SAC Record Access
    > I   Residential program director must allow the SAC access to residents' case records.
    > U   Residential program director does not allow the SAC access to residents' case records.

4. Sign a Qualified Service Organization Agreement (QSOA)
    > I   Residential program director must sign a QSOA with the prevention/student assistance organization.
    > U   Residential program director does not sign a QSOA with the prevention/student assistance organization.

5. QSOA
    > I   QSOA allows SAP staff access to facility information about residents and allows them to share information with facility staff without obtaining written consent from the resident. The QSOA does not allow the facility staff to redisclose any information obtained from the SAP staff to the parents, school, the courts, child welfare, or anyone outside of the facility without specific written permission.
    > U   QSOA does not explicitly provide for this sharing of information between SAP and facility staff with the above mentioned restrictions.

6. Financial Buy-in/Commitment
   I   After first two years, participating residential facilities were expected to contribute $5,000 toward cost of Student Assistance Counselor's salary.
   U   Residential Facility does not commit to contribute $5,000 toward SAC salary within first two years.

7. Employee Assistance Program
   I   Facility has an established Employee Assistance Program (EAP) that provides necessary services to all facility staff—not necessarily run by SAP, but required to be in place.
   U   Facility does not have an operational EAP.

8. On-site Supervision
   I   Residential program director must agree that the facility will provide on-site supervision of the student assistance counselor (SAC).
   U   Residential program director does not agree to the provision of on-site supervision of the SAC.

9. Evaluation
   I   Residential program director must agree to allow SAP staff to collect the necessary survey data and provide access to facility records for evaluation purposes.
   U   Residential program director does not agree to full SAP access to records and provide permission to conduct pre and post surveys with residents.

10. Student Assistance Counselor (SAC)
    I   Student assistance organization provides the residential program with one FTE SAC on-site.
    A   Student assistance organization provides the residential program with 1/2 FTE SAC on-site.
    U   Student assistance organization does not provide the residential program with a SAC on-site.

11. SAC Compensation Package
    I   SAP provides SAC with a very generous compensation package in order to recruit and retain high-quality counselors.
    U   SAP does not provide generous SAC compensation packages in order to ensure continuity.

12. SAC Hiring
    I   SAP interviews and selects a pool of 3-5 well qualified SAC applicants and allows residential executive director to select successful applicant.
    U   SAP and residential facility use any other approach to the recruitment and hiring of SAC.

STAFFING

1.   Executive Director of residential facility—role and responsibility
      I   Executive Director of residential facility is ultimately responsible for the implementation of the program at the residential facility.
      U   Executive Director of residential facility is not ultimately responsible for the implementation of the program at the residential facility.

2.   Student Assistance Program Liaison (SAP Liaison) appointment
      I   The executive director of the residential facility appoints a senior level administrator at the facility to provide overall, on-site administration of the project.
      U   The executive director of the residential facility does not appoint a senior level administrator at the facility to provide overall, on-site administration of the project.

3.   SAP Liaison Requirements
      I   SAP Liaison has both credentials to supervise counselors and experience with residential facility staff and youth substance abuse problems.
      U   SAP Liaison does not have both credentials to supervise counselors and experience with residential facility staff and youth substance abuse problems.

4.   SAP Liaison—Administrative Responsibility
      I   SAP Liaison is responsible for the daily administration of the project on-site.
      U   SAP Liaison is not responsible for the daily administration of the project on-site.

5.   SAP Liaison—SAC Supervision
      I   SAP Liaison provides on-site supervision of the SAC.
      U   SAP Liaison does not provide on-site supervision of the SAC.

6.   SAP Liaison — Substance Abuse Task Force
      I   SAP Liaison provides support for the SAC development of a substance abuse task force at the residential facility.
      A   SAP Liaison chairs the residential facility task force.
      U   SAP Liaison does not play a prominent role in the residential facility task force.

7.   SAP Liaison— Administrative/Implementation Assistance
      I   SAP Liaison serves as source who can turn SAC advocacy efforts into practice (eg, help remove certain student from classroom where student/teacher conflict makes progress unlikely).
      A   SAP Liaison, with support from the facility director, can facilitate program success by making the necessary staff/resident changes necessary.
      U   SAP Liaison does not regularly serve as a resource and trouble shooter for the SAP.

8.   Student Assistance Counselors (SAC)
      I   Each residential program site has a full time SAC for ?? youth targeted for program services.

A   Each residential program site has a ?? SAC for ?? youth targeted for program services.

U   Each residential site has ?? FTE or less SAC time for ?? youth targeted for program services.

9.   SAC Personal Qualifications

I   SAC has ability to work well with others in a counseling relationship (both small group and individually) and be able to work well with residential facility staff.

A   SAC has ability to work well with others in a counseling relationship.

U   SAC does not have evident ability to work well with others in a counseling relationship and ability to work well with residential facility staff.

10.   SAC Education Qualifications

I   SAC has masters degree in social work or some related discipline.

A   SAC has bachelors degree in social work or some related discipline and considerable experience in working with the target population.

U   SAC has bachelors degree without extensive experience with the target population or does not have degree.

11.   SAC Professional Qualifications

I   SAC has the equivalent of two years post graduate experience in the field that has included work with adolescents.

A   SAC has some post graduate experience in the field, but not necessarily two years or not necessarily with adolescents.

U   SAC has very little field experience.

12.   SAC Training—State Linked

I   Depending upon prior experience, each SAC must participate in approximately 80 hours of Single State Agency ATOD prevention training covering the whole host of typical youth targeted individual, family, peer and community issues (eg, COA, COSA, assessment, risk and protective factors, federal confidentiality regulations).

A   Depending upon prior experience, each SAC participates in approximately 60 hours of Single State Agency training.

U   Depending upon prior experience, each SAC participates in less than a week of Single State Agency training.

13.   SAC Training—Program Specific

I   Each SAC participates in a full week of program specific training conducted by the SAP program director that focuses on topics such as the program philosophy, psycho-social, clinical and adolescent developmental issues, the practices of and legal responsibilities of residential facilities.

U   SACs do not participate in a full week of program specific training.

14.   SAC Supervision—Facility Director On-Site

I   Facility director at the residential site provides approximately 90 minutes of supervisory contact a week.

U   Facility director provides less than 90 minutes of supervisory contact each week.

15. SAC Supervision—SAP Program Director
    I   SAP program director convenes the SACs biweekly for supervisory sessions.
    A   SAP program director convenes the SACs more frequently than biweekly for supervisory sessions.
    U   SAP program director convenes the SACs less frequently than biweekly for supervisory sessions.

16. SAC Responsibilities—Referrals/Recruitment
    I   SAC provides assessment assistance as youth enter the facility and assist with referrals and recruitment of youth into the SAP.
    A   SAC provides assessment assistance as youth enter the facility.
    U   SAC does not provide assessment assistance as youth enter the facility and do not assist with referrals and recruitment of youth into the SAP.

17. SAC Responsibilities—Counseling Services
    I   SAC provides individual counseling services to target youth and conducts group sessions.
    U   SAC does not provide both individual and group sessions for target youth.

18. SAC Responsibilities—Individual Resident Treatment Plans
    I   SAC attends regular youth staffings and provides consultation on specific resident's facility-wide treatment plans and general resident activities on-site.
    U   SAC does not regularly participate in development of resident treatment plans and general design of resident activities.

19. SAC Responsibilities—Participation in Staff Meetings
    I   SAC makes periodic presentations about program at faculty and departmental meetings
    A   SAC attends and/or makes presentations at faculty and departmental meetings as requested
    U   SAC does not participate in faculty or departmental meetings

20. SAC Responsibilities—Staff Training
    I   SAC participates in the substance abuse training of staff and in the general training of all new staff.
    A   SAC participates only in the substance abuse training of staff
    U   SAC does not provide any staff training

21. Psychiatric Consultant
    I   A child psychiatric consultant, experienced with youth residential treatment, meets with SAC regularly — at least twice a month — to discuss intervention plans and caseloads.
    A   A child psychiatric consultant, experienced with youth residential treatment, is on call to meet with the SAC as needed to discuss intervention plans and caseloads.
    U   A child psychiatric consultant is not on retainer.

ASSESSMENT

1.   Initial Screening
        I   All new residents at the facility, regardless of whether or not they will be referred to the SAP, are subjected to a 20-45 minute screening interview within their first week at the facility to identify personal and family problems resulting for alcohol and drug abuse and to order to determine their need for SAP participation.
        U   Intake assessments do not include a formal AOD related assessment.

2.   Assessment AOD Content
        I   Assessment consists of a brief introduction and explanation of confidentiality and an assessment of adolescent's past and current consumption of substances; peer use, history of use related problems, parental/family use, etc.
        A   Assessment consists of a brief introduction and explanation of confidentiality and an assessment of adolescent's past and current consumption of substances and parental/family use.
        U   Assessment does not include an extensive assessment of youth and family AOD use.

3.   Intake Assessment Referrals
        I   Intake assessment data used to identify youth for referrals to the SAP or to more extensive treatment services.
        U   Intake AOD assessment data not used as a primary source of AOD services referrals.

4.   SAP Referral of Residents with Infrequent use Patterns
        I   Residents who are infrequent users, but whose use patterns are linked to home visits, are typically referred to the SAP even though use rates are overall infrequent
        U   Residents who are infrequent users are rarely referred to the SAP and little attention is paid to specific use patterns

5.   SAP AOD Assessment
        I   A more extensive (eg, three 45-minutes sessions) assessment takes place once formal program referral has occurred.
        U   The only additional assessment that takes place post SAP referral is through the regular give-and-take of individual counseling sessions.

6.   SAP AOD Assessment—Content
        I   Program assessment focuses on the physical and social, emotional, family and school functioning as well as legal system involvement and attempts to control or limit use.
        A   Program assessment focuses on the AOD use of youth and family members and attempts to alter use patterns.
        U   Program assessment does not provide for an in-depth exploration of AOD use patterns and related stimuli and consequences of that behavior.

7.   Length of Resident SAP Participation
        I   Residents spend 6 months to one year in the SAP program
        A   Residents spend 3 to six months in the SAP program
        U   Residents spend less than 3 months in the SAP program

INDIVIDUAL EDUCATIONAL AND MOTIVATIONAL COUNSELING

1.   Referrals to Educational and Motivational Counseling
        I   Residents may be referred for counseling through: the SAC's intake assessment;
                self-referral; peer referral; treatment conferences; staff referrals, and mandatory
                referrals (those found using or carrying drugs on campus or during home visits).

2.   Mandatory Referrals
        I   Youth referred to the individual counseling due to facility policy violations must
                attend a minimum of three counseling sessions.

3.   Approach to Youth who are COAT or COSA
        I   A multi-step approach to services of COAT or COSA residents involves first
                understanding the parental use patterns, their impact on the youth and then beginning
                intervention targeting the youth's use patterns and reframing their behavior.
        U   SAC does not go through a multi-step approach of first addressing the use patterns
                of parents and its impact on the youth before beginning to address the youth's use.

4.   COAT or COSA Alateen Meeting
        I   SAC facilitates the participation of COAT/COST residents in off campus Alateen
                meetings and establishes on-campus Alateen meetings.
        A   SAC facilitates COAT/COSA resident participation in off-campus Alateen
                meetings.
        U   SAC does not facilitate COAT/COSA resident participation in Alateen meetings.

5.   AA, NA, and CA Meetings
        I   SAC facilitates resident participation in off-campus AA, NA, and CA meetings and
                establishes on-campus AA, NA, CA meetings.
        A   SAC facilitates resident participation in off-campus AA, NA, and CA meetings.
        U   SAC does not facilitate participation in AA, NA, and CA meetings.

6.   Motivation Intervention Sessions
        I   SAP includes 8-to-12 motivational intervention sessions for residential participants
                that focus on consequences of personal use, motivate them to stop using, and
                provide them with some tools for stopping use.
        A   SAP includes fewer than 8 motivational intervention sessions for residential
                participants.
        U   SAP does not incorporate motivations intervention sessions that focus on
                consequences of personal use, motivate them to stop using, and provide them with
                some tools for stopping use.

GROUP COUNSELING

1. Theoretical Approach to Group Sessions
    I   Group sessions based on a social learning model that addresses social factors that influence use and the personal consequences of use.
    U   Group sessions are not based on a social learning model (eg, are more like 12 step approach).

2. Core Group Activities
    I   SAP includes the following five core group alternatives: COAT/COSA groups; abuser groups; abuser/COAT/COSA groups; alcohol and other drug assessment and education groups; and parent, peer, partying groups.
    I   SAP includes the following five core group alternatives: COAT/COSA groups; abuser groups; abuser/COAT/COSA groups; alcohol and other drug assessment and education groups; and parent, peer, partying groups as well as appropriate groups that may have evolved from the residents' participation in existing prevention activities.
    U   SAP does not include the above five core group sessions.

3. COAT/COSA Groups
    I   Group helps residents understand chemical dependency and its effect of families and how to cope with drinking/drugging parents and the resulting stresses in their own lives.
    U   Group does not focus on all of these topics.

4. Abuser Groups
    I   Group helps residents admit use, understand consequences of use, and motivate them to cut down or quit use.
    U   Group does not focus on all of these issues.

5. Abuser/COAT/COSA
    I   An empowerment model that combines the emphasizes of the abuser and COAT/COSA groups with special attention to the difficulties of staying abstinent in an AOD abusing home.
    U   Group does not focus on all of these issues.

6. Alcohol and Other Drug Assessment and Education Group
    I   Group provides information on the consequences of alcohol and other drugs, risk factors, etc. and attempts to elicit changes in behavior regarding high-risk choices.
    U   Group does not focus on these issues.

7. Parent, Peer, Partying Group (3P's)
    I   Focus of the group is to help residents see the connection between their AOD use and their problems with parents and/or peers, and to motivate them to join an abuser group and seek treatment if necessary.
    U   Group does not focus on these issues.

8.   Resident Participation in Group Activities
- I   Most residents do not participate in more than three of the five core activities at any one time.
- U   Residents do occasionally participate in more than three of the five core group activities at any one time.

9.   Group Emphasis
- I   Groups are allowed to identify specific areas of focus that they were exposed to during their Motivational Intervention Sessions that they are particularly interested in exploring in more depth.
- A   SAC determines group participation based on judgement of the appropriateness of residents to join groups with particular foci.

10.   Group Size
- I   Groups include four to eight residents.
- A   Groups include nine or ten residents.
- U   Groups include less than four or more than ten residents.

11.   Session Scheduling
- I   Group sessions are scheduled during the school day at the same time every week.
- A   Group sessions are scheduled after school, in the evening or on weekends at the same time every week.
- U   Sessions are not held at the same time every week.

12.   Session Length
- I   Group sessions run the equivalent of a class session (eg, 45 minutes) allowing for specific topics to be addressed in a brief and focused manner.
- A   Group sessions run between 30 and 60 minutes.
- U   Group sessions run less than 30 minutes or more than one hour.

EXTERNAL TREATMENT

1.   Referral for Treatment
- I   Youth who are clearly physically or psychologically addicted to AOD or not able to eliminate or significantly reduce use through SAP participation may be referred to outside treatment.
- U   Outside referral of residents with extensive treatment needs is not an alternative.

2.   SAC Participation in Treatment Plan/Implementation
- I   SAC is involved in treatment and discharge planning and provides follow-up when the adolescent returns to the residential facility.
- A   SAC does not play a formal role in the treatment and discharge planning but does participate in the follow-up of treatment services when the resident returns to the facility.
- U   SAC is not involved in the treatment and discharge planning and does not participate in the follow-up activities when the resident returns to the facility.

PARTICIPATION IN 12 STEP MEETINGS

1.   12 Step Referrals
      I   SAP participants are encouraged to participate in 12 step meetings as both current and future resource.
      A   SAP participants with more serious AOD problems are encouraged to participate in 12 step meetings.
      U   SAP participants are not encouraged to participate in 12 step meetings.

2.   12 Step Meeting Transportation
      I   Residential facility provides transportation to 12 step meetings.
      U   Residential facility does not provide transportation to 20 step meetings.

OUTREACH ACTIVITIES

1.   SAC Outreach Efforts
      I   SAC participates in numerous facility activities in order to familiarize non-participating residents with the SAP.
      U   SAC does not participate in facility activities to familiarize non-participating residents with the SAP.

PREVENTION/EDUCATION SERIES

1.   Series Integration with Facility Instructional Components
      I   SAC plans prevention/education series with facility health education instructor in order to both coordinate instructional components and avoid duplication of effort.
      U   SAC does not coordinate planning of prevention/education series with health education instructor at facility.

2.   Series Setting
      I   Prevention/education series held in SAC office where students are familiar with the setting and accustomed to participating in intimate discussions.
      A   Prevention/education series held in small room suitable for intimate, small group discussion of topics.
      U   Prevention/education series held in large room, less ideally suited for stimulating intimate discussion.

3.   Series Group Size
      I   Prevention/education series groups comprised of 8 to 10 non-SAP participant residents. A Prevention/education series groups comprised of 6 or 7 non-SAP participant residents.
      U   Prevention/education series groups comprised of fewer than 6 or more than 10 non-SAP participant residents.

4. Series Duration
    I   Series includes 6 to 8 class periods.
    A   Series includes 4 or 5 class periods.
    U   Series includes more than 8 or fewer than 4 class periods.

5. Being an Adolescent Session
    I   Series includes one or two sessions focusing on developmental issues related to being an adolescent.
    U   Series does not include one or two sessions that focus on issues related to adolescent development.

6. Social and Personal Consequences and Norms of ATOD Use
    I   Series includes one or two sessions on the social and personal consequences of ATOD use and normative behavior and impart motivational skills specifically related to changing unhealthy attitudes and behaviors.
    U   Series does not include one or two sessions that focus on issues related to social and personal consequences of use, norms, and motivational skills related to changing attitudes and behaviors.

7. Family Problems/Family Pressures
    I   Series includes one or two sessions on family problems and pressures to outreach to residents with family AOD problems.
    U   Series does not include one or two sessions on family problems and pressures.

8. Pressure, Stress, Problem Solving, Decisionmaking, Coping and Resistance Skills
    I   Series includes one or two sessions on problem solving, decisionmaking and resistance skills.
    U   Series does not include one or two sessions on problem solving, decisionmaking and resistance skills.